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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | | | Docket Number (Optional) UCSD1140-1 | | | |
|---|---|--|--------|------------------|--|-------------|--|--|
| FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | | | | | | |
| Application Number 09/889,251 | | | | | Filed November 1, 2001 | | | |
| For METHOD OF TREATMENT OF MITOCHONDRIAL DISORDERS | | | | | | | | |
| Art Unit 1614 | | | | | Examiner Spivack, Phyllis G. | | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee Small Entity Fee | | | | | | | | |
| | | One month (37 CFR 1.17(a)(1)) | \$130 | | \$65 | \$ | | |
| | | Two months (37 CFR 1.17(a)(2)) | \$490 | | \$245 | \$ | | |
| | \boxtimes | Three months (37 CFR 1.17(a)(3)) | \$1110 | | \$555 | \$ | | |
| | | Four months (37 CFR 1.17(a)(4)) | \$1730 | | \$865 | | | |
| | | Five months (37 CFR 1.17(a)(5)) | \$2350 | | \$1175 | | | |
| \boxtimes | Applicant claims small entity status. See 37 CFR 1.27. | | | | | | | |
| $\overline{\Box}$ | A check in the amount of the fee is enclosed. | | | | | | | |
| \Box | Payment by credit card. Form PTO-2038 is attached. | | | | | | | |
| \Box | The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | | | |
| | | | | | | | | |
| | | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-1896</u> . | | | | | | |
| | WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | |
| I am the applicant/inventor. | | | | | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | | | | | | |
| attorney or agent of record. Registration Number 38,342 | | | | | | | | |
| attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | | | | | | |
| Signature Signature | | | | | | May 8, 2009 | | |
| Lisa A. Haile | | | | | (858) 677-1456 | | | |
| Typed or printed name | | | | Telephone Number | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | |
| ☐ Total of 1 forms are submitted. | | | | | | | | |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or return a behind by the public which is to the failed by the public which is the public which i FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.